

Case Number:	CM14-0017522		
Date Assigned:	04/14/2014	Date of Injury:	10/20/2005
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 55-year-old female who was injured on October 20, 2005. The November 20, 2013 progress report indicated ongoing complaints of low back pain with radiating pain to the buttock. Physical examination showed moderate tenderness to palpation, pain with extension and positive straight leg raising with 5/5 motor strength to the lower extremities, equal and symmetrical reflexes and sensory deficit in an L5 bilateral and left L4 dermatomal distribution. The claimant was diagnosed with facet joint arthritis. The plan at that time was for continuation of physical therapy and continued work restrictions. A further follow-up of January 6, 2014 showed no change in the claimant's diagnosis or physical examination findings and recommended a request for an orthopedic bed as well as a home massager.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PURCHASE OF AN ORTHOPEDIC BED, QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability

Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Mattress selection, Table 12-5. MATTRESS SELECTION, Table 12-5.

Decision rationale: California MTUS and ACOEM Guidelines, states "Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences guide the clinician's choice of recommendations. Table 12-5 summarizes comfort options." When looking at Official Disability Guideline criteria, mattress selection is an individualize decision and not typically part of the medical treatment process. There is no indication of one mattress being superior to the other in terms of chronic low back related complaints. In this individual with a diagnosis of facet joint arthrosis, the purchase of an orthopedic bed would not be supported. The purchase of an orthopedic bed, Qty.: 1.00 is not medically necessary and appropriate.

ELECTRIC PAD/MASSAGER, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on California ACOEM Guidelines, physical modalities such as massagers have no proven efficacy in the setting of chronic or acute pain complaints to the low back. In this instance, there would be no indication for the acute need of a home massager for the claimant's chronic low back related facet joint arthrosis diagnosis.